

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 04/068 507	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	2						53					
4	62						54					
5	162						55					
6	61						56					
7	14						57					
8	41						58					
9	14						59					
10	41						60					
11	/						61					
12	16						62					
13	61						63					
14	14						64					
15	/						65					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2											
TOTAL DEP.	13											
TOTAL CLAIMS	15											